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ON PREMISES LICENSE RENEWAL APPLICATION

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ON PREMISES LICENSE RENEWAL APPLICATION

	`	CITY OR TOWN	WAKE	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: GABRYEL NA	RUTOWICZ, INC.			
DOING BUSINESS A				
ADDRESS 11 EAST MAIN STREET	Γ			
CITY/TOWN: WARE	STATE: MA	ZIP CODE:	01082	
MANAGER: LIGAWIEC, STANLEY J.	TYPE OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS		-
DESCRIPTION OF LICENSED PREM				
TWO STORY BRICK BLDG. WITH		AR FOR STORA	GE.	
I hereby certify and swear under penal				
1. the renewed license will be	* *	•		
2. the licensee has complied w	vith all laws of the Commo	onwealth relating to	taxes; and	
3. the premises are now open	for business (If not explain	n below)		
SIGNED BY:				
Individual, Part	ner or Authorized Corpora	ate Officer		
DATE: TELEPHO	ONE NUMBER:			TION NUMBER:
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: NOT Ind		
IELEFR		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building	are in possession (1) the inspector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departi	ividual Social S	ecurity Number) er 304 of the above named
We the undersigned, attest that we a	are in possession (1) the inspector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departi	ividual Social S	ecurity Number) er 304 of the above named
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquid Please Check Below:	are in possession (1) the inspector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departi	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of lique Please Check Below: APPROVED:	are in possession (1) the inspector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departi quired by Chapte	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of lique Please Check Below: APPROVED: DISAPPROVED:	are in possession (1) the inspector and the head	(Note: NOT Ind certificate require of the fire departs quired by Chaptes LOCAL LICENS	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of lique Please Check Below: APPROVED:	are in possession (1) the inspector and the head	(Note: NOT Ind certificate require of the fire departs quired by Chaptes LOCAL LICENS	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of lique Please Check Below: APPROVED: DISAPPROVED:	are in possession (1) the inspector and the head	(Note: NOT Ind certificate require of the fire departs quired by Chaptes LOCAL LICENS	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.



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LICENSE NU	MBER: 132600009		CITY OR TOWN WAR	Œ
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N	AME: TERESA'S R	EST. OF WARE INC.		
DOING BUSI	NESS A			
ADDRESS W	//S PALMER RD.RTI	E.32		
CITY/TOWN:	: WARE	STATE: MA	ZIP CODE: 0108	32
MANAGER:	FERRENTINO, DINA	TYPE OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
INCLUDING	A KITCHEN AND S	TORAGE AREA IN THI	, COMPRISING FOUR ROO E REAR OF THE BLDG. A NNG (WANT TO INCLUD	DDED A
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now license	ed;
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating to taxes:	; and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY:		artner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENT	TFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the hea	he certificate required by Cad of the fire department for required by Chapter 116 o	or the above named
Please Check Bel	ow:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132600011	C	IIY OR IOWN WARE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DEBBIE WO	NG RESTAURANT # 4, IN	C.
DOING BUSINESS A DEBBIE W	ONG RESTAURANT	
ADDRESS 54 WEST MAIN ST.		
CITY/TOWN: WARE	STATE: MA	ZIP CODE: 01082
MANAGER: CHAN, LYNN	TYPE OF LICENSE: Restar	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS
DESCRIPTION OF LICENSED PR	LEMISES:	
ONE FLOOR, BRICK BLDG. WIT	H THREE ROOMS.	
I hereby certify and swear under pen	alties of perjury that:	
1. the renewed license will	be of the same type for the sa	me premises now licensed;
2. the licensee has complied	l with all laws of the Common	nwealth relating to taxes; and
3. the premises are now ope	en for business (If not explain	below)
SIGNED BY:		. OCC
Individual, Pa	artner or Authorized Corpora	te Officer
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned affect that w	ve are in nossession (1) the c	ertificate required by Chapter 304 of the
		of the fire department for the above named
license and (2) the certificate of lie	quor liability insurance req	uired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		·
DAIL.		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132600012		CITY OR TOV	WN WARE	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 197 WE	A ASTRONAUT PIZ	ZA HOUSE			
CITY/TOWN: WA	RE	STATE: N	IA ZIP CODE	: 01082	
	RANKIS, TYPE ANNE	OF LICENSE	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		UR EMAIL ADDRESS		
	LICENSED PREMISE K BUILDING; FRONT		REAR EXIT, REA	R SERVICE	
2. the licens	yed license will be of the see has complied with a sees are now open for be Individual, Partner o	ll laws of the C usiness (If not e	ommonwealth relati explain below)		
DATE:	TELEPHONE	NUMBER:		DYER IDENTIFICAT Individual Social S	
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the l	nead of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LICI By:	ENSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13260001	3	CITY OR TOWN WARE	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ROBERT DOING BUSINESS A VIP LOU ADDRESS 35 WEST ST.			
CITY/TOWN: WARE	STATE: MA	ZIP CODE: 01082	
MANAGER: ANASTAS,ROE	ERTTYPE OF LICENSE:Gen pren		: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
SALES AND SERVICES OF A STRUCTURE ON WEST ST. S		HICH IS A TWO STORY, FF	RAME
3. the premises are now SIGNED BY:	open for business (If not explain the Commopen for business (If not explain the component of the Commopen for business (If not explain the component of the Commopen for business of the Commopen for business (If not explain the commopen for explain the commopen for business (If not explain the commopen for expl	in below)	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
We the undersigned, attest the Acts of 2004, signed by the bu license and (2) the certificate of	ilding inspector and the head	of the fire department for th	ne above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132600015		CI	TY OR TOWN	WARE	
APPLICATION FOR	RENEWAL:	Annu	ıal	LICEN	ISED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	SATKARTAR &	SONS INC.				
DOING BUSINESS A	WARE PACKA	GE STORE				
ADDRESS 51 MAIN	ST					
CITY/TOWN: WAR	E	STATE:	MA	ZIP CODE:	01082	
MANAGER: HANS	, SATNAM TY	YPE OF LICEN	SE:Packag	e Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	LEASE ALSO VISIT OUR		YOUR EMAIL	ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:				
FIRST FLOOR OF A CELLAR.	ONE STORY, FR	RAME BLDG. V	WITH STC	RAGE IN REA	AR ROOM AN	ND
I hereby certify and sw	ear under penaltie	es of perjury tha	t:			
1. the renewed	d license will be o	of the same type	for the san	ne premises nov	v licensed;	
2. the licensee	has complied with	th all laws of the	e Common	wealth relating	to taxes; and	
3. the premise	es are now open fo	or business (If no	ot explain l	pelow)		
SIGNED BY:						
	Individual, Partne	er or Authorized	l Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:				TION NUMBER:
				(Note: NOT In	dividual Social S	security Number)
Please Check Below:				OCAL LICEN	SING AUTH	ORITY
APPROVED: DISAPPROVED:	7		F	By:		
(If disapproved explain	 n)		<u>-</u>			
(ii disupproved explain	1)		-			
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 132600016	CITY OR TOWN WARE			
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013	
		CLASS		YEAR	
DOING BUSIN	AME: BRUSO LIQUOR MAI NESS A 4-46 MAIN STREET	RT, INC.			
CITY/TOWN:		STATE: MA	ZIP CODE: 01082		
	BRUSO, RICHARD TYPE O SR.	F LICENSE:Pac		All Alcohol	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	IAIL ADDRESS	_	
	N OF LICENSED PREMISES: R FOR SALE, STORAGE IN C	ELLAR.			
2. the 1	renewed license will be of the s licensee has complied with all l premises are now open for busi Individual, Partner or A	aws of the Comnness (If not expla	nonwealth relating to taxes; and in below)		
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S		
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132600018	CITY OR TOWN WARE	
APPLICATION FOR	RENEWAL: Annua	LICENSED FOR	2013
	CLAS	S	YEAR
LICENSEE NAME:	WESTBOROUGH BEVERAGE	CORP.	
DOING BUSINESS A	A WAL-MART SUPERCENTER	#2386	
ADDRESS 352 PALM	MER RD		
CITY/TOWN: WAR	STATE:	MA ZIP CODE: 01082	
MANAGER: LARA	AMEE, LAURATYPE OF LICENS	E:Package Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
P	LEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:		
161177 SQ.FT. STOP	RE W/TWO ENTRANCES AT FRO	ONT OF STORE .	
I hereby certify and sv	wear under penalties of perjury that	:	
1. the renewe	d license will be of the same type f	or the same premises now licensed;	
2. the license	e has complied with all laws of the	Commonwealth relating to taxes; and	d
3. the premise	es are now open for business (If no	t explain below)	
SIGNED BY:			
SIGNED B1.	Individual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Socia	al Security Number)
Please Check Below:		LOCAL LICENSING AUT	HODITV
APPROVED:		By:	HORITI
DISAPPROVED:		Zy.	
(If disapproved explai	(n)		
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132600020		CI	TY OR TOWN	WARE	
APPLICATION FOR I	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 48 WEST	JANE ALDEN CO)N		
CITY/TOWN: WARI		STATE:	MA	ZIP CODE:	01082	
MANAGER: ASKW		E OF LICENS	E:Packag		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	EACE ALSO VICIT OUR WEE	OCUPE AND ENIDED V	OUD EMAIL	ADDRESS		
DESCRIPTION OF LI ONE STORY, BLOCK I hereby certify and sw	MONITOR BLDG	ES: 6, WITH STOR	RAGE IN			
 the renewed the licensee 	license will be of the has complied with a sare now open for b	ne same type for	or the san Common	wealth relating		
SIGNED BY:	Individual, Partner o	or Authorized (Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]))			OCAL LICEN	ISING AUTHO	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 132600022		CITY OR TOWN	WARE	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: BROOKSID	E MART INC			
DOING BUSIN	ESS A				
ADDRESS 131	WEST STREET				
CITY/TOWN:	WARE	STATE: MA	ZIP CODE:	01082	
	MCKEARNEY, PETER J.	TYPE OF LICENSE:Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		ı
ONE STORY B		REMISES: CRETE BLDG. WITH TW ONT ENTRANCE/EXIT.	O ROOMS AND A	CONCRETE	BLOCK
	premises are now op	ed with all laws of the Compen for business (If not expended) Partner or Authorized Corp	lain below)	o taxes; and	
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social So	
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132600023	(CITY OR TOWN	WARE	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WEIR RIVER SOCIA	AL CLUB, INC.			
DOING BUSINESS	A				
ADDRESS 6 EAST	STREET				
CITY/TOWN: WA	RE	STATE: MA	ZIP CODE:	01082	
MANAGER: AUC	OIN, PHILIP P. TYPE	OF LICENSE: Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	S:			
TWO STORY, FRAME BLDG. WITH STORAGE IN CELLAR AND WITH AN ENTRANCE/EXIT.					
I hereby certify and swear under penalties of perjury that:					
1. the renew	ed license will be of the	e same type for the same	ame premises nov	w licensed;	
2. the license	ee has complied with al	l laws of the Commo	onwealth relating	to taxes; and	
3. the premi	ses are now open for bu	isiness (If not explain	n below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpora	ate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersione	d, attest that we are in	noggoggion (1) the	aautifiaata uaani	uad by Chant	or 204 of the
	d by the building insp				
	certificate of liquor lia				
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13260	0026	CITY OR TOWN WAR	RE .
APPLICATION FOR RENE	WAL: Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: PETE	R J KOZIOL		
DOING BUSINESS A PET	E'S PACKAGE STORE		
ADDRESS 100 EAST ST			
CITY/TOWN: WARE	STATE: MA	ZIP CODE: 0108	32
MANAGER:	TYPE OF LICENSE:Pa	ackage Store CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
	LOCK BLDG. GROUND FLOO DE ENTRANCE. ENTRANCE A		R ROOM
3. the premises are r	omplied with all laws of the Connow open for business (If not exp	olain below)	, and
Indivi	dual, Partner or Authorized Corp	orate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain]		LOCAL LICENSING A By:	UTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132600029	CI	TY OR TOWN	WARE	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: JHN ENTERPRIS	ES, INC			
DOING BUSINESS A SNOW'S RESTA	AURANT			
ADDRESS 136 PLEASANT STREET				
CITY/TOWN: WARE	STATE: MA	ZIP CODE:	01082	
MANAGER: NOVITSKY, TY JOSEPH F. JR	PE OF LICENSE: Restau	rant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMI				
FIRST FLOOR OF TWO STORY BUIL	DING, STORAGE IN RI	EAR ROOM, 112	K30 FOOT D	ECK.
I hereby certify and swear under penaltie				
1. the renewed license will be of		_		
2. the licensee has complied with		_	taxes; and	
3. the premises are now open for	business (If not explain	below)		
SIGNED BY:		Occ		
T 11 1 1 TD .	4 1 1 10			
Individual, Partne	r or Authorized Corporate	e Officer		
Individual, Partne	r or Authorized Corporate	e Officer		
	r or Authorized Corporate			
DATE	r or Authorized Corporate NE NUMBER:	EMPLOYER	IDENTIFICATI	
DATE				
DATE	NE NUMBER: e in possession (1) the ce espector and the head of	EMPLOYER (Note: NOT Indi	vidual Social Se d by Chapte nent for the	r 304 of the
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in	NE NUMBER: e in possession (1) the ce espector and the head of liability insurance requ	EMPLOYER (Note: NOT Indi	d by Chaptenent for the a	r 304 of the above named acts of 2010.
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED:	NE NUMBER: e in possession (1) the ce espector and the head of liability insurance requ	EMPLOYER (Note: NOT Indicate require the fire departmented by Chapter	d by Chaptenent for the a	r 304 of the above named acts of 2010.
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	NE NUMBER: e in possession (1) the ce espector and the head of liability insurance requ	EMPLOYER (Note: NOT Indicate require the fire department of the LOCAL LICENS)	d by Chaptenent for the a	r 304 of the above named acts of 2010.
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED:	NE NUMBER: e in possession (1) the ce espector and the head of liability insurance requ	EMPLOYER (Note: NOT Indicate require the fire department of the LOCAL LICENS)	d by Chaptenent for the a	r 304 of the above named acts of 2010.
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	NE NUMBER: e in possession (1) the ce espector and the head of liability insurance requ	EMPLOYER (Note: NOT Indicate require the fire department of the LOCAL LICENS)	d by Chaptenent for the a	r 304 of the above named acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1326000	34	CITY OR TOWN WARE	
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: JOSEPH	KNAPP		
DOING BUSINESS A JPK EN	VTERPRISES		
ADDRESS 3 MECHANIC ST			
CITY/TOWN: WARE	STATE: MA	ZIP CODE: 01082	
MANAGER:	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
50'X100' BUILDING WITH M	AIN ENTRANCE IN FRONT	Γ WITH TWO DOORS.	
2. the licensee has com	· -	e same premises now licensed; nmonwealth relating to taxes; and plain below)	1
	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132	2600035		CI	TY OR TOW	'N WARE	
APPLICATION FOR RE	NEWAL:	Annua	al	LICI	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: WADOING BUSINESS A WADDRESS 126 WEST M	ARE COUNCIL H					
CITY/TOWN: WARE		STATE:	MA	ZIP CODE:	01082	
MANAGER: BUTCHE ARTHUR		OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	E ALSO VISIT OUR WEBSIT		YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE		:				
BLOCK BUILDING ON BLOCK BUILDING ON						
2. the licensee ha	cense will be of the sess complied with all learning re now open for busing	laws of the	Commons	wealth relatin		
Inc	lividual, Partner or A	Authorized	Corporate	Officer		
DATE:	TELEPHONE N	UMBER:			YER IDENTIFICA Individual Social S	
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building inspec	tor and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE Sy:	NSING AUTH	ORITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132600036		CITY OR TOWN	WARE	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	WONG CHEN, LLC A ASIAN GARDEN				
ADDRESS 124E WI	EST STREET				
CITY/TOWN: WA	RE	STATE: MA	ZIP CODE:	01082	
MANAGER: HUY	NH,QUANG T. TYPE	E OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
	TAURANT WITH A S TY.BEVERAGES OR				
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	ed license will be of the	e same type for the	same premises now	licensed;	
2. the licens	ee has complied with a	ll laws of the Comm	nonwealth relating t	to taxes; and	
3. the premi	ses are now open for b	usiness (If not expla	in below)		
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer		
D.A.TE					
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(140te. <u>1401</u> III	iividuai Sociai S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor li	ector and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expla	aiii <i>)</i>		-		
					
DATE:					



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LICENSE NUMBE	R: 132600037		CITY OR TO	WN WARE	
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: 91 MAIN STR	EET INC.			
DOING BUSINESS	S A GHEPPETTO	O'S GRILLE			
ADDRESS 91 MAI	N STREET				
CITY/TOWN: WA	ARE	STATE: MA	ZIP COD	E: 01082	
MANAGER: HAI	RDER, JOEL	TYPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
		OF A BRICK BUILDIN			
		NTTHERE ARE ALSO RESTAURANT, BEHII			<u> </u>
		TRANCES/EXITS LOC			THE
		OF THE BUILDING AN			
TO THE RIGHT O	F THE MAIN EN	TRANCE WHICH GOE	ES INTO THE I	DINING AREA	
I hereby certify and	swear under pena	lties of perjury that:			
1. the renev	wed license will be	e of the same type for the	same premises	now licensed;	
2. the licen	see has complied	with all laws of the Com	monwealth relat	ting to taxes; and	
3. the prem	ises are now open	n for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Corp	orate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>NO</u>	T Individual Social S	Security Number)
We the undersign	ed. attest that we	e are in possession (1) th	e certificate re	canired by Chapt	ter 304 of the
Acts of 2004, signe	ed by the buildin	g inspector and the hea	d of the fire de	partment for the	above named
license and (2) the	certificate of liq	uor liability insurance i	equired by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:	I		By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132600038		CITY OR TOWN WARE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: GARLIC, INC DOING BUSINESS A MEXICALL ADDRESS 148 WEST STREET			
CITY/TOWN: WARE	STATE: MA	ZIP CODE: 01082	
MANAGER: NUNES, DOLORES	TYPE OF LICENSE: Resi	taurant CATEGORY: All Alcohol	
DESCRIPTION OF LICENSED PR	T THE EXISTING RETA NT WITH MEXICAN DÉC	IL SPACE TO ACCOMMODATE A COR CONSISTENT WITH THE	
	be of the same type for the s with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY: Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the buildir	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above name equired by Chapter 116 of the Acts of 2010.	d
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	132800002		CITY OR TOW	N WAKEHA	IVI
APPLICATION FOR	RENEWAL:	: Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	VEL'S, INC				
DOING BUSINESS A	A VEL'S RES	STAURANT			
ADDRESS 2352 CRA	ANBERRY H	IGWY			
CITY/TOWN: WAR	EHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: BUM	P, Carlton	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED P	REMISES:			
		isting of kitchen, lounge, tw front entrances and exits, t		andicapped rest	trooms
I hereby certify and sv	vear under pe	enalties of perjury that:			
1. the renewe	d license will	l be of the same type for th	e same premises no	ow licensed;	
2. the license	e has complie	ed with all laws of the Com	monwealth relatin	g to taxes; and	
3. the premise	es are now or	oen for business (If not exp	lain below)		
SIGNED BY:					
	Individual, I	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned	attact that	we are in possession (1) tl	no contificato nocu	ined by Chapt	on 2011 of the
		ling inspector and the hea			
license and (2) the c	ertificate of l	liquor liability insurance	required by Chap	oter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBER	a: 132800006		CI	TY OR TO	WN WAREH	AM
APPLICATION FOR	R RENEWAL:	Annu	al	LIC	CENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 2855 CR	A		#1548			
			MA	ZID CODE	02520	
CITY/TOWN: WA		STATE:		ZIP CODE		
MANAGER: Garci	a, Manual J.	TYPE OF LICENS	SE:Club		CATEGORY	: All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF		R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
2855 CRANBERRY OF TWO DINING R FRONT ENT.,TWO	HIGHWAY -BU MS,TWO LOUN	ILDING IS ONE IGES,ONE KITCI	HEN & O			
I hereby certify and s	wear under penal	ties of perjury that	t :			
		of the same type i		-		_
	•	vith all laws of the			ng to taxes; and	1
3. the premis	ses are now open	for business (If no	н ехріані	below)		
SIGNED BY:	Individual, Part	ner or Authorized	Corporate	e Officer		
DATE:	TELEPH	ONE NUMBER:				ATION NUMBER:
				(Note: NO'		Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	by the building	inspector and th	e head of	the fire dep	artment for th	e above named
Please Check Below:			I	LOCAL LIC	ENSING AUTI	HORITY
APPROVED:	\neg		I	Зу:		
DISAPPROVED: [(If disapproved explain	 nin)					
· · · · · · · · · · · · · · · · · · ·	• ,					
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILED E	SY LICENSEES DURING	THE MONT	'H OF NOVEMBI	ER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 132800007		CITY OR TOWN WAREH	IAM
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: FAN CLUB, INC			
DOING BUSIN	ESS A			
ADDRESS 285	9 CRANBERRY HGWY	7		
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE: 02538	
	JUSTICE, GLENN TY R.	PE OF LICENSE: Resi	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	ISES:		
ROOMS CONS LOUNGE. THE	IST OF A GAME ROOM	M, LOUNGE, BAR AN TRANCE, 1 FRONT I	OF APPRO 5000 SQ. FT. TH ND FOOD AREA. POCKET I EMERGENCY DOOR, ONE DOORS.	BILLARD
I hereby certify	and swear under penaltie	s of perjury that:		
1. the re	enewed license will be of	f the same type for the	same premises now licensed;	
2. the li	icensee has complied with	h all laws of the Comm	onwealth relating to taxes; an	d
3. the p	oremises are now open for	r business (If not expla	in below)	
SIGNED BY:	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, s	igned by the building in	spector and the head	certificate required by Cha of the fire department for t equired by Chapter 116 of th	he above named
Please Check Below	<u>v:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved				
(11 disappioved	слрішіі)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 132800008		CITY OR TO	WN WAREHA	MVI
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	99 RESTAUR	ANTS OF BOSTON, LI	.C		
DOING BUSINESS	A 99 RESTAU	RANT & PUB			
ADDRESS 3013 CI	RANBERRY HG	WY			
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE	E: 02532	
MANAGER: card	eiro, todd	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT C	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRI	EMISES:			
single story bldg wi	th four exits, thre	ee dining rooms, lounge a	rea, liquor stora	ge area and beer	coolers
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	ved license will b	e of the same type for the	e same premises	now licensed;	
2. the licens	see has complied	with all laws of the Com	monwealth relat	ing to taxes; and	
3. the prem	ises are now oper	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TFI FPI	HONE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TEELT	HONE NOWIBER.	(Note: <u>NO</u>	T Individual Social	Security Number)
		e are in possession (1) the g inspector and the hea			
		uor liability insurance			
Please Check Below:			LOCALLIC	ENSING AUTH	IORITY
APPROVED:			By:	LINDING MOTI	ioidi i
DISAPPROVED:			Dy.		
(If disapproved expl	ain)		-		
DATE:					



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LICENSE NUMBER	: 132800011		CITY	OR TOWN	WAREHA	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 3138 CR.	A					
CITY/TOWN: WAI		STATE: M	[A 7]]	P CODE:	02538	
	SEY, CHERYLTYPE				CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDI	RESS		
DESCRIPTION OF I	LICENSED PREMISE	ES:				
LOUNGE (RELOCA	ISTING OF A KITCH ATED TO WEST WIN ING HAS TWO ENT	NG) HANDICA	PPED RES	TROOMS,		
I hereby certify and s	wear under penalties o	of perjury that:				
1. the renewe	ed license will be of the	e same type for	the same pr	remises nov	v licensed;	
2. the license	ee has complied with a	Il laws of the C	ommonweal	th relating	to taxes; and	
3. the premis	ses are now open for b	usiness (If not e	xplain belo	w)		
SIGNED BY:	Individual, Partner o	or Authorized Co	orporate Of	ficer		
DATE:					D 100 100 100 100 100 100 100 100 100 10	
DATE:	TELEPHONE	NUMBER:	(1			FION NUMBER: Security Number)
Acts of 2004, signed	l, attest that we are in by the building inspertificate of liquor li	ector and the l	nead of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	in)					
(11 disappioved expia	iii <i>)</i>					
DATE:						
	AL MUCT DE EURD DATA	ENCEEC DUDING TO	IE MONTH OF	NOVEMBER 2	ACI CL 120 A 1	
ALLICATION FOR KENEW	'AL MUST BE FILED BY LIC	ENSEES DUKING H	1L MONTH OF	NOVEWBEK (I	vi.g.l. Cil. 138 \$ 10	ua)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800015	CITY OR TOWN WAREHAM
APPLICATION FOR RENEWAL: Annu	LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: HONG KONG ISLAND REST.,	INC.
DOING BUSINESS A	
ADDRESS 3035 CRANBERRY HWY	
CITY/TOWN: WAREHAM STATE:	MA ZIP CODE: 02532
MANAGER: CHAN, HENRY B. TYPE OF LICEN	SE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO STORY BLDG WITH ONLY THE FIRST FLOOSERVICE AND CONSUMPTION. CONSISTS OF A LOUNGE AND TWO DINING AREAS. FRONT ENTEXITS AND ONE DELIVERY ENTRANCE AND EX	KITCHEN, TWO STORAGE AREAS, RANCE AND EXIT,THREE EMERGENCY
I hereby certify and swear under penalties of perjury that	it:
1. the renewed license will be of the same type	for the same premises now licensed;
2. the licensee has complied with all laws of the	-
3. the premises are now open for business (If n	ot explain below)
SIGNED BY:	
Individual, Partner or Authorized	l Corporate Officer
Individual, Partner or Authorized	l Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE.	
DATE.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1 (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the signed of the signed by the building inspector and the signed of the signed by the building inspector and the signed of t	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) 1 (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insured Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY



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LICENSE NU	MBER: 132800016		CITY OR TOWN WAREH.	AM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: TROVA INC.			
DOING BUSI	NESS A BAILEY'S SU	JRF N' TURF		
ADDRESS 30	56 CRANBERRY HW	Y		
CITY/TOWN:	: WAREHAM	STATE: MA	ZIP CODE: 02532	
MANAGER:	O'MELIA, RICHARD	ΓΥΡΕ OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
ENLARGED I STORAGE SF	LOUNGE 7 WAITING	AREA. SECOND FLR (REE ENTRANCES/EXI	OF 2 DIN ING RMS, KITCH CONSISTS OF A N OFFICE A IS FRONT, SIDE & A REAR	AND
I hereby certify	y and swear under penal	ties of perjury that:		
		* *	same premises now licensed;	
	-		onwealth relating to taxes; and	1
3. the	premises are now open	for business (If not expla	in below)	
SIGNED BY:		tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chap of the fire department for the equired by Chapter 116 of th	ne above named
Please Check Bel	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800017		CITY OR TOWN	WAREHAN	M
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: CHARLIE'S P	LACE, INC.			
DOING BUSINESS A				
ADDRESS 3075 CRANBERRY HW	YY.			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02532	
MANAGER: NICKOLAOW, CHARLES J.	TYPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		•
DESCRIPTION OF LICENSED PRE				
DINING ROOM, KITCHEN, CELLA	AR FOR STORAGE. OUT	SIDE DECK		
I hereby certify and swear under pena	- · ·			
1. the renewed license will be	* *	•		
2. the licensee has complied	with all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open	n for business (If not explain	in below)		
SIGNED BY:				
Individual, Par	rtner or Authorized Corpor	rate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
33 7 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. (1) (1	4.6.	11 (1)	204 641
We the undersigned, attest that we Acts of 2004, signed by the building				
license and (2) the certificate of liq				
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:		,		
(If disapproved explain)		-		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800020		CITY OR TOWN WAREHAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: DUDLEY L. BR	OWN POST 2846 VFW	V OF US, INC.	
DOING BUSINESS A DUDLEY L. B	ROWN POST #2846 V	FW OF US	
ADDRESS 4 GIBBS ST.			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02558	
MANAGER: LEE, ARTHUR R. T'JR.	YPE OF LICENSE: Vet	erans club CATEGORY: All Alc	ohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
	LOUNGE & BASEME	OODEN 4 ROOMS ON FIRST FLOOR ENT STORAGE. 2 FRONT ENTRANCE	
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	* *	•	
2. the licensee has complied wi		G	
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY: Individual, Partn	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu	
We the undersigned, attest that we as Acts of 2004, signed by the building i	re in possession (1) the nspector and the head		mber) the amed
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	re in possession (1) the nspector and the head	(Note: <u>NOT</u> Individual Social Security Nu e certificate required by Chapter 304 of the fire department for the above n	mber) the amed
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo Please Check Below: APPROVED:	re in possession (1) the nspector and the head	(Note: NOT Individual Social Security Nuclear Coefficients required by Chapter 304 of the fire department for the above nequired by Chapter 116 of the Acts of 2	mber) the amed
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the nspector and the head	(Note: NOT Individual Social Security Nuclear Control of the fire department for the above nequired by Chapter 116 of the Acts of 2 LOCAL LICENSING AUTHORITY	mber) the amed
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo Please Check Below: APPROVED:	re in possession (1) the nspector and the head	(Note: NOT Individual Social Security Nuclear Control of the fire department for the above nequired by Chapter 116 of the Acts of 2 LOCAL LICENSING AUTHORITY	mber) the amed
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the nspector and the head	(Note: NOT Individual Social Security Nuclear Control of the fire department for the above nequired by Chapter 116 of the Acts of 2 LOCAL LICENSING AUTHORITY	mber) the amed



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LICENSE NUMBER: 132800021		CITY OR TOWN WAREHAM
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LITTLE HADDON BUSINESS A		NC
ADDRESS LITTLE HARBOR R		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02571
MANAGER: DI RIENZO,CHRIST E B.	TYPE OF LICENSE:Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED I	PREMISES:	
TWO LOCKER/RESTROOMS, A	AND ATTIC, AND A STORA	ENCLOSED PORCH, PRO-SHOP, GEROOM WITH OFFICE.TWO _ONE SIDE ENTRANCE/ EXIT FOR
I hereby certify and swear under p	enalties of perjury that:	
1. the renewed license wi	ll be of the same type for the s	ame premises now licensed;
•	ied with all laws of the Comm pen for business (If not explain	onwealth relating to taxes; and n below)
SIGNED BY: Individual,	Partner or Authorized Corpor	ate Officer
DATE: TELL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800023	C	TY OR TOWN	WAREHAN	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		13
	CLASS			YEAR
LICENSEE NAME: CROMESETT TRIBE	#156 OF THE IMP	ROVED ORDER		
DOING BUSINESS A				
ADDRESS 745 MAIN ST.				
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: Gustafson, Philip C TYPE C	OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES. ONE STORY WOODEN BUILDING CONS ROOM FOR STORAGE, CELLAR. TWO FI I hereby certify and swear under penalties of p 1. the renewed license will be of the s 2. the licensee has complied with all 3. the premises are now open for bus. SIGNED BY: Individual, Partner or A DATE:	ISTING OF A DINIRONT ENTRANCE perjury that: same type for the sar laws of the Commor iness (If not explain	the premises now awealth relating to below)	AR EXITS. licensed; o taxes; and	ONE ION NUMBER:
TELEPHONE N	UMBER:	(Note: NOT Ind		
We the undersigned, attest that we are in pacts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab	tor and the head of ility insurance requ	ertificate require the fire departraired by Chapter	ed by Chapte nent for the r 116 of the A	er 304 of the above named Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 132800024		CITY OR TOWN WAREF	IAM
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: CONCOL, IN	C.		
DOING BUSIN	NESS A NARROWS	CROSSING RESTAURA	NT	
ADDRESS 1 N	ARROWS RD.			
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE: 02571	
	NAWOICHIK, ROBERT J.	TYPE OF LICENSE: Res	taurant CATEGOR'	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
AREA, KITCH FRONT SIDE (EN 1 ENLARGED S OF BUILDING ONE	TORAGE AREA & REST	IG ROOM WITH BAR & LC TROOMS.2 EXITS & ENTRA & ONE ENTRANCE ON BA	ANCES ON
I hereby certify	and swear under pena	alties of perjury that:		
1. the r	enewed license will b	e of the same type for the	same premises now licensed;	
2. the l	icensee has complied	with all laws of the Comn	nonwealth relating to taxes; an	d
3. the p	premises are now open	n for business (If not expla	in below)	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Society)	
Acts of 2004, s	signed by the buildin	g inspector and the head	e certificate required by Cha of the fire department for t equired by Chapter 116 of the	he above named
Please Check Below	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved	expiaiii)			
DATE:				



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LICENSE NUMBER:	132800025		CITY (OR TOWN	WAREHA	M
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A		UB, LLC				
ADDRESS 19 BAY I						
CITY/TOWN: WAR		STATE: MA	ZII	P CODE:	02558	
MANAGER: CRUM		E OF LICENSE:			CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDR	ESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
1ST FLR; PRO SHOP OFFICE, KITCHEN. OFFICE. THREE EN	GROUND FLOOR	; RESTROOMS, L				OOM AND
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of	the same type for the	he same pr	emises nov	v licensed;	
2. the licenses	has complied with	all laws of the Cor	nmonweal	th relating	to taxes; and	
3. the premise	s are now open for	business (If not exp	plain belov	w)		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Off	icer		
DATE:	TELEPHON	E NUMBER:	•	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEET TIOT	Z I (CIVIDZIC	(1)	Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building ins	spector and the he	ad of the	fire depar	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: (If disapproved explain						
(ii disappioved explai	1)					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY LI	ICENSEES DURING THE	MONTH OF	NOVEMBER (M.G.L. Ch. 138 \$ 10	6A)



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	CITY OR TOWN WAREHAL	VI
Annual	LICENSED FOR 20	013
CLASS		YEAR
NY'S LAPIZZERIA LTI	D.	
ONY'S LA PIZZERIA		
STATE: MA	ZIP CODE: 02558	
YPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
]
WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	_
ED DINING ROOM WI LAR USED FOR STOR	TH VIDEO AND PIN BALL C RAGE. HANDICAP RAMP LEA	SAMES
es of perjury that:		
• 1		
or business (If not explain	in below)	
er or Authorized Corpor	rate Officer	
NE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
nspector and the head	of the fire department for the	above named
	LOCAL LICENSING AUTHO	ORITY
	By:	
	Annual CLASS NY'S LAPIZZERIA LTI ONY'S LA PIZZERIA STATE: MA STATE: MA YPE OF LICENSE:Rest WEBSITE AND ENTER YOUR EM. IISES: G CONSISTING OF KI ED DINING ROOM WI LAR USED FOR STOR BLDG HAS ONE ENT es of perjury that: of the same type for the st th all laws of the Commor business (If not explain one or Authorized Corporation of the NUMBER: ONE NUMBER:	Annual LICENSED FOR 20 CLASS NY'S LAPIZZERIA LTD. DNY'S LA PIZZERIA STATE: MA ZIP CODE: 02558 YPE OF LICENSE: Restaurant CATEGORY: WEBSITE AND ENTER YOUR EMAIL ADDRESS IISES: G CONSISTING OF KITCHEN, TWO WALK IN COCED DINING ROOM WITH VIDEO AND PIN BALL COLLAR USED FOR STORAGE. HANDICAP RAMP LEADED HAS ONE ENTRANCE AND EXITS es of perjury that: of the same type for the same premises now licensed; the all laws of the Commonwealth relating to taxes; and or business (If not explain below) er or Authorized Corporate Officer EMPLOYER IDENTIFICATION (Note: NOT Individual Social Street in possession (1) the certificate required by Chapter inspector and the head of the fire department for the or liability insurance required by Chapter 116 of the LOCAL LICENSING AUTHORS.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800032		CITY OR TOWN	WAREHAM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ASSINIPPI LIQUO	ORS INC		
DOING BUSINESS A			
ADDRESS 3 BARKER RD			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02538
MANAGER: VEZINA, TYN RAYMOND A	PE OF LICENSE: Pack	cage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
one STORY WOODEN BLDG ONE SAONE FRONT ENTRANCE AND REAR		ROOM FOR STOR	AGE, NO CELLAR.
the licensee has complied with the premises are now open for SIGNED BY: Individual, Partner		in below)	taxes; and
21.01.10.00.1, 2.01.01.2	or ramorizada corpor		
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)		-	
		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800033		CITY OR TOWN WAREF	IAM
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A SULLIVAN WIN	E & SPIRIT		
ADDRESS MARION	& CROMESETT R	OADS		
CITY/TOWN: WAF	REHAM	STATE: MA	ZIP CODE: 02571	
MANAGER: SULL C.	IVAN, JOEL TYP	E OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
I	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
FOR SALESONE	ROOM FOR STORA AND TWO BATHR	AGEWALK IN C ROOMSLIQUOR	RELIQUOR STORE HAS O OOLEREMPLOYEE AREA STORE HAS TWO FRONT	
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	e same premises now licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating to taxes; an	d
3. the premis	es are now open for l	business (If not expl	ain below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800034	ļ.	CITY OR TOWN WAREHAM	
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013	
	CLASS	YEA	AR
LICENSEE NAME: MILL PON	ND STATION LLC		
DOING BUSINESS A MILL PC	OND STATION		
ADDRESS 2569 CRANBERRY	HGWY		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02571	
MANAGER: GADLES, JACK	D. TYPE OF LICENSE:Pac	ckage Store CATEGORY: All	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ROOMS FOR STORAGE. FROM	NT ENTRANCE AND EXIT	E ROOM FOR SALES AND TWO AND ONE REAR ENTRANCE ANI ES OR IN A STORAGE ROOM.	D
2. the licensee has compl	* *	same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY: Individual,	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securit	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITED By:	ГҮ
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800035	,	LITY OR TOWN	WAKEHA	IVI
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
	(CLASS			YEAR
LICENSEE NAME:	PEPIN'S, INC.				
DOING BUSINESS A	A PEPIN'S LIQUORS				
ADDRESS 2259 CRA	ANBERRY HWY				
CITY/TOWN: WAR	REHAM STAT	ΓE: MA	ZIP CODE:	02576	
MANAGER: PEPIN NORM	N, MARK TYPE OF LIG MAN	CENSE: Pack	age Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE AND I	ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
	ONE STORY, TWO ROOMS IS USED FOR STORAGE. I NCES.				CES AND
I hereby certify and sv	wear under penalties of perjur	y that:			
1. the renewe	ed license will be of the same	type for the s	ame premises nov	v licensed;	
2. the license	e has complied with all laws of	of the Commo	onwealth relating	to taxes; and	
3. the premise	es are now open for business	(If not explai	n below)		
SIGNED BY:					
	Individual, Partner or Autho	rized Corpor	ate Officer		
DATE:	TELEPHONE NUMB	ER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(n)				
(11 disappioved explai	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800036		CITY OR TOWN	WAREHAM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: THE LIQUO	R LOCKER, INC.		
DOING BUSINESS A			
ADDRESS 3021 CRANBERRY HV	WY		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02532
MANAGER: PAREKH,BHAVIN PRANAV	I TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
ONE STORY BLDG. CONSISTING ONE FRONT ENTRANCE AND O		E REAR RM. IS USI	ED FOR STORAGE.
2. the licensee has complied 3. the premises are now ope SIGNED BY:		=	o taxes; and
Individual, Pa	artner or Authorized Corp	orate Officer	
DATE: TELEP	PHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800037		CITY OR TOWN	WAREHA	M
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: SRI OM LL	С			
DOING BUSINESS A MAYFLOW	/ER LIQUORS			
ADDRESS 3150 CRANBERRY HV	WY			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02538	
MANAGER: JOHAR, MONIKA	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		<u>.</u>
DESCRIPTION OF LICENSED PR	EMISES:			
BLDG. IS 1 1/2 STORY, FIRST FL STORAGE. ONE FRONT AND RI		MS FOR SALES,3 R	OOMS FOR	
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will l		e same premises now	licensed;	
2. the licensee has complied	l with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now ope	en for business (If not exp	lain below)		
SIGNED BY:				
	artner or Authorized Corp	orate Officer		
DATE: TELEP	PHONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13280003	8	CITY OR TOWN	WAREHAM
APPLICATION FOR RENEWA	L: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ACAP, IN	IC.		
DOING BUSINESS A WINES	& MORE, WAREHAM		
ADDRESS 2421 CRANBERRY	HIGHWAY		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02538
MANAGER:	TYPE OF LICENSE:P	ackage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
SINGLE STORY 40 X 60 STEE WITH AN OFFICE. ONE FROM			FOR STORAGE,
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for th	e same premises now li	icensed;
2. the licensee has comp	olied with all laws of the Con	nmonwealth relating to	taxes; and
3. the premises are now	open for business (If not exp	olain below)	
SIGNED BY:			
Individual	l, Partner or Authorized Corp	oorate Officer	
DATE: TEI	LEPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Indiv	vidual Social Security Number)
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 132800041		CITY OR TOWN	WAREHAM	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAME:	THE JINJAS CO), INC.			
DOING BUSINESS	A THE JUG SHO)P			
ADDRESS 221 MAI	N ST				
CITY/TOWN: WAI	REHAM	STATE: MA	ZIP CODE:	02571	
	ONTE, T LAIDE R.	YPE OF LICENSE:P	ackage Store Ca	ATEGORY: A	ll Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	MISES:			
		NG OF ONE ROOM I E AND ONE REAR I		NE ROOM FOR	l .
	ses are now open f	or business (If not exp	olain below)		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHORI	ITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132800042		CITY OR T	OWN	WAREHAI	M
APPLICATION FO	R RENEWAL:	Annual	nual LICENSED FOR 2013)13
		CLASS				YEAR
LICENSEE NAME:	ONSET VILL	LAGE MARKET, INC.				
DOING BUSINESS	A					
ADDRESS 231 ON	SET AVE.					
CITY/TOWN: WA	REHAM	STATE: M	A ZIP COI	DE:	02558	
MANAGER: PAT	EL, WARBHAI	TYPE OF LICENSE:	Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PR	EMISES:				
	RONT ENTRA	VITH ONE ROOM FO NCE/EXIT AND REA				
I hereby certify and	swear under pen	alties of perjury that:				
1. the renew	ved license will b	be of the same type for	the same premise	es now	licensed;	
2. the licens	see has complied	l with all laws of the Co	ommonwealth rel	ating to	taxes; and	
3. the premi	ises are now ope	en for business (If not e	xplain below)			
SIGNED BY:						
	Individual, Pa	artner or Authorized Co	orporate Officer			
DATE:	TELEP	HONE NUMBER:				TON NUMBER:
			(Note: <u>1</u>	NOI Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL L	ICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800044	CITY OR TOWN WAREHAM
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: OAK GROVE CORPORATION	
DOING BUSINESS A OAK GROVE PACKAGE STO	PRE
ADDRESS 47 DEPOT STREET	
CITY/TOWN: WAREHAM STATE:	MA ZIP CODE: 02558
MANAGER: MCCOY, RONALD TYPE OF LICENT G.	SE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
3 ROOMS ON FIRST FLOOR. 1500 SQUARE FT. RE IN COOLER.	TAIL SPACE IN FRONT ROOM WITH WALK
 the renewed license will be of the same type the licensee has complied with all laws of the the premises are now open for business (If no 	Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	Ву:
(If disapproved explain)	
	·
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 132800045		CITY OR TOWN	WAREHAN	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	VINAYAK LIQUO	ORS INC.			
DOING BUSINESS	A ANCHOR LIQUO	ORS			
ADDRESS 02360	CRANBERRY HWA	Υ			
CITY/TOWN: WAI	REHAM	STATE: MA	ZIP CODE:	02576	
MANAGER: PATE	EL, DEEPAL TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	MAIL ADDRESS		ı
DESCRIPTION OF I	LICENSED PREMIS	SES:			
2 STORY STONE & WOOD STRUCTURE. LIQUOR CONSISTS OF 1 FLOOR WITH 3 RMS.1 FOR					
LIQUOR SALES,1 OFFICE,& 1 FOR STORAGE. LIQUOR PRE- MISE HAS 1 FRONT ENTERANCE/ EXIT AND 1 REAR ENTERANCE/EXIT.					
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	the same type for the	e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual Partner	or Authorized Corp	orata Officar		
	marviduai, r artilei	of Authorized Corp	orate Officer		
DATE:	TELEDIAN	E MUMBED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
21121	TELEPHON	E NUMBER:	(Note: NOT Ind		
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
*					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 132800046		CITY OR TOWN	WAREHAN	M
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: NARNARAYAN	LIQUORS INC.			
DOING BUSIN	NESS A WAREHAM LI	QUORS			
ADDRESS 419	MAIN STREET				
CITY/TOWN:	WAREHAM	STATE: MA	ZIP CODE:	02571	
MANAGER:	PATEL, TY DIMPLEBEN N.	PE OF LICENSE: Pac	ckage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION	N OF LICENSED PREM	ISES:			
	WOODEN BLDG. CONS EE AND A CELLAR USE				
I hereby certify	and swear under penaltie	es of perjury that:			
1. the 1	renewed license will be of	f the same type for the	same premises now	licensed;	
2. the l	licensee has complied wit	h all laws of the Com	nonwealth relating to	o taxes; and	
3. the 1	premises are now open fo	r business (If not expl	ain below)		
SIGNED BY:	T P 11 1 D 4	A 41 ' 10	. 0.55		
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(1 total <u>1 to 1</u> mil	iividaai 500iai 50	ceurity rumber)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	132800047		CITY OR T	OWN	WAREHA	M
APPLICATION FOR	RENEWAL:	Annual]	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BROWNE'S PACK	AGE STORE, IN	IC.			
DOING BUSINESS A	BROWNE'S LIQU	JORS				
ADDRESS 135 MAR	ION RD					
CITY/TOWN: WAR	EHAM	STATE: M	A ZIP CO	DE:	02571	
MANAGER: JOHA	R, KARAN V. TYP	E OF LICENSE:	Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PREMIS	ES:				
ONE FLOOR STEEL STORAGE, ONE OF REDEMPTION CEN' AND TWO SIDE EN'	FICE, ONE WALK I TER. TWO FRONT	N REFRIGERA' ENTRANCES/E	TOR AND ONE	EREAF	R ROOM FO	R
I hereby certify and sw	vear under penalties	of perjury that:				
1. the renewe	d license will be of the	ne same type for	the same premis	es now	licensed;	
2. the licensee	e has complied with	all laws of the Co	ommonwealth re	lating t	o taxes; and	
3. the premise	es are now open for b	ousiness (If not ex	xplain below)			
SIGNED BY:	Individual, Partner	or Authorized Co	orporate Officer			
DATE.						
DATE:	TELEPHONE	E NUMBER:				FION NUMBER: Security Number)
					arraum Soeim S	recurry realiser,
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explai	 n)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800048		CITY OR TOWN	WAREHAM	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: G. S. CORPOR	RATION			
DOING BUSINESS A THE GATEW	VAY TAVERN			
ADDRESS 371 MARION RD.				
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: SAURO, JOSEPH C.	TYPE OF LICENSE:Rest	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PRE	EMISES:			
TWO STORY CEMENT BUILDING EXPANDED KITCHEN, OPEN PATFIRST FLOOR AND STORAGE ROFRONT ENTRANCE/EXIT, REAR I	TIO, HANDICAPPED AC OM AND OFFICE ON T	CESSIBLE RESTI HE SECOND. THI	ROOM ON THE	
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the s	same premises now	licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open	for business (If not expla	in below)		
SIGNED BY: Individual, Par	tner or Authorized Corpor	rate Officer		
DATE: TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER:	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	of the fire departs	nent for the above named	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800050	CITY	Y OR TOWN WAREHAM	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: MARK INCO DOING BUSINESS A CHINA GA ADDRESS 265 MARION ROAD			
CITY/TOWN: WAREHAM	STATE: MA Z	ZIP CODE: 02571	
MANAGER: Mark, Jomena	TYPE OF LICENSE: Restaurar	nt CATEGORY:	All Alcohol
EMAIL ADDRESS:			
	FOUR WEBSITE AND ENTER YOUR EMAIL AD	DRESS	
DESCRIPTION OF LICENSED PL 265 MARION ROAD. BLDG. IS C KITCHEN, TWO RESTROOMS, C BOILER ROOM. THE BLDG. HA	ONE STORY WOODEN, CONSI ONE STORAGE ROOM, ONE W		
2. the licensee has complie	be of the same type for the same and with all laws of the Commonwe ten for business (If not explain below the commonwe ten for business (If not explain below).	ealth relating to taxes; and	
Individual, I	Partner or Authorized Corporate C	Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that vacts of 2004, signed by the build license and (2) the certificate of l	ing inspector and the head of th	e fire department for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LO By:	CAL LICENSING AUTHO	ORITY
DATE:	_		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 132800057		CITY OR TOWN	WAREHAM	
APPLICATION I	FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS		YEAR	
LICENSEE NAM	IE: PIER VIEW RE	STAURANT, INC.			
DOING BUSINE	SS A STEPHEN'S L	OUNGE			
ADDRESS 201 C	ONSET AVENUE				
CITY/TOWN: V	VAREHAM	STATE: MA	ZIP CODE:	02558	
	APTISTE, T TEPHEN M.	YPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol	
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION (OF LICENSED PREM	MISES:			
	IE FIRST FLOOR CO	RANCES AND EXITS DNSIST OF A KITCH			
 the rer the lice 	ensee has complied w	of the same type for the thirth all laws of the Confor business (If not exp	nmonwealth relating t		
SIGNED BY:	Individual, Partı	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
Acts of 2004, sig	ned by the building	inspector and the hea	ad of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	xpiaiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 132800062		CITY (OR TOWN	WAREHA	M
APPLICATION FO	R RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 777 MA	A	ST # 220 AMERIC	AN LEGIO	N, INC		
CITY/TOWN: WA		STATE: M	A ZIF	CODE:	02571	
MANAGER: FEA	RING, JOHN T	YPE OF LICENSE:	Veterans ch	ub C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDR	ESS		_
ONE STORY WOO TWO RESTROOMS AND EXITS AND	S AND A CELLAR	USED FOR STOR				
2. the licens	yed license will be one has complied with ses are now open for	es of perjury that: of the same type for oth all laws of the Co or business (If not ex	ommonweal xplain belov	th relating v)		
	individual, i urtii	er of Hamorized Co	Aportice Off	1001		
DATE:	TELEPHO	ONE NUMBER:	(N			FION NUMBER:
We the undersigne Acts of 2004, signe license and (2) the	d by the building i	inspector and the h	ead of the f	fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800065	CIT	Y OR TOWN WAREHAM
APPLICATION FOR RENEWAL:	: Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: L & W Hold DOING BUSINESS A Wicket's In ADDRESS 167 ONSET AVE		
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02258
MANAGER: Wolfram, David	TYPE OF LICENSE: Innholde	er CATEGORY: All Alcohol
DESCRIPTION OF LICENSED P. FOUR STORY WOODEN BUILD	DING INCLUDING FURNISHEIND TIKI BAR LOCATED BELC	D BASEMENT. ENCLOSED DW COTTAGE.5 DINING RMS &
2. the licensee has complied 3. the premises are now opposed SIGNED BY:	I be of the same type for the same ed with all laws of the Commonwoen for business (If not explain between for Authorized Corporate)	realth relating to taxes; and relow)
We the undersigned, attest that		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) tificate required by Chapter 304 of the he fire department for the above named
	-	red by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By —	OCAL LICENSING AUTHORITY y:
DATE:	_	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800072	(CITY OR TOWN WAREHA	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TSIKA, INC.			
DOING BUSINESS A MINERVA PIZZ	ZA .		
ADDRESS 257 MAIN STREET			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE: 02571	
MANAGER: KALKANIS, LITSA TY	PE OF LICENSE: Resta	nurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
THE BUILDING IS A TWO STORY W SHOP CONSISTING OF A DINING-SE WALK IN COOLER, SMALL COOLER EXIT ON MAIN STREET, TWO ENTR	RVING AREA, KITCI AND BATHROOMS.	HEN,OFFICE ,STORAGE ARI THERE IS ONE ENT RANCI	EA,
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	* *	-	
2. the licensee has complied with		•	
3. the premises are now open for	business (If not explain	n below)	
SIGNED BY: Individual, Partner	r or Authorized Corpora	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social S	security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)		. <u> </u>	
(п аваррголеа схрані)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800081		CITY OR TOWN	WAREHAM
APPLICATION FO	OR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: PEPPER DIN	ING		
DOING BUSINESS	S A CHILI'S GR	JLL & BAR		
ADDRESS 2889 C	RANBERRY HI	GHWAY		
CITY/TOWN: WA	AREHAM	STATE: MA	ZIP CODE:	02571
	IBAULT, SHUA A.	TYPE OF LICENSE: Re	staurant CA	ΓEGORY: All Alcohol
EMAIL ADDRESS	5 :			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
OFFICE, RESTRO	OM BOTH MEN	CONTAINING BAR,LOUN AND WOMEN, AND A	FOYER AREA. ONE	
 the rene the licen 	wed license will basee has complied	halties of perjury that: be of the same type for the d with all laws of the Come en for business (If not expl	monwealth relating to	
SIGNED BY:	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, sign	ed by the buildin	re are in possession (1) th ng inspector and the hea quor liability insurance i	d of the fire departm	ent for the above named
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:]		By:	
DISAPPROVED:	1-:)			
(If disapproved exp	iain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 132800083		CITY (OR TOWN	WAREHA	M
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME DOING BUSINES ADDRESS 3126 C	SS A Barnacle Bill'					
CITY/TOWN: W		STATE: M	A 7.11	P CODE:	02538	
MANAGER: We		TYPE OF LICENSE:			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOU	R EMAIL ADDR	ESS		
DESCRIPTION O						
		S, STORAGE TO BE ND SIDE ENTRANCI				
3. the prer		for business (If not extended the formula of the fo				
DATE:	TELEPH	IONE NUMBER:	1)			TION NUMBER:
Acts of 2004, sign	ned by the building	are in possession (1) g inspector and the ho nor liability insuranc	ead of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED: DISAPPROVED: (If disapproved exp	plain)		By:			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 132800084		CITY OR TOWN V	VAREHAM
APPLICATION I	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: HADLEY-MACIN	TOSH ENTERPRIS	ES,INC.	
DOING BUSINE	SS A THE STONE BR	IDGE		
ADDRESS 5 EA	ST BOULEVARD			
CITY/TOWN: V	WAREHAM	STATE: MA	ZIP CODE:	02558
	ADLEY, JUSTIN TY	PE OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION (OF LICENSED PREMI	SES:		
AND EXITS. LIC	DINING ROOM, THRE QUOR WILL BE STOR ON EAST SIDE OF BU	ED ON DINING RO		
I hereby certify an	nd swear under penalties	s of perjury that:		
1. the rer	newed license will be of	the same type for the	same premises now lic	ensed;
2. the lic	ensee has complied with	all laws of the Comm	nonwealth relating to ta	ixes; and
3. the pro	emises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual Doutne	on Authorized Come	note Officen	
	individual, Partnei	or Authorized Corpo	rate Officer	
DATE:			EMBLOVED ID	DENTIFICATION NUMBER:
DATE.	TELEPHON	IE NUMBER:		dual Social Security Number)
Acts of 2004, sig	gned, attest that we are gned by the building in he certificate of liquor	spector and the head	l of the fire departmen	nt for the above named
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiain)		-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132800089	(CITY OR TOWN	WAREHAM
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSE	ED FOR 2013 YEAR
LICENSEE NAME: SALERNO'S I DOING BUSINESS A SALERNO'S ADDRESS 196 ONSET AVENUE			
CITY/TOWN: WAREHAM	STATE: MA	ZIP CODE:	02558
MANAGER: SALERNO, JOHN	TYPE OF LICENSE: Rest.	aurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
TWO STORY; 3 ENTRANCE/EXIT FROM 2ND FL; BAR, KITCHEN, M IN LOCKED BAR AREA IN CLOS	MAIN BALL RM. AND CO	OCKTAIL ROOM. A	LCOHOL STORED
1. the renewed license will b 2. the licensee has complied 3. the premises are now open	e of the same type for the s with all laws of the Commo	onwealth relating to t	
SIGNED BY: Individual, Pa	rtner or Authorized Corpor	ate Officer	
DATE: TELEPI	HONE NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	of the fire departme	ent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 132800090		CITY OR TOWN W	AREHAM
APPLICATION FO	OR RENEWAL	: Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: STEVIE B'S	S INC.		
DOING BUSINES	S A ONSET SI	PORTS RESORT		
ADDRESS 270 O	NSET AVENUE	3		
CITY/TOWN: W	AREHAM	STATE: MA	ZIP CODE: 0	2576
MANAGER: BE ST	ERANGER, EVE	TYPE OF LICENSE: Res	staurant CATI	EGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED P	REMISES:		
KITCHEN AND CONSET AVE. AN	OFFICE. ENTRA D REAR DOOF	OOL TABLE AREA, DANC ANCE/EXIT ON SIDE OF I REXIT ONLY IN BACK O ING OF 6 TABLES AND S	BLDG. EXIT IN FRON F BLDG. ENCLOSED	T OF BLDG. ON PATIO,
I hereby certify and	d swear under pe	enalties of perjury that:		
1. the rene	ewed license wil	l be of the same type for the	same premises now lice	ensed;
	-	ed with all laws of the Comr	_	xes; and
3. the prer	nises are now of	pen for business (If not expla	in below)	
SIGNED BY:	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELF	PHONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004, sign	ned by the build	we are in possession (1) the ling inspector and the head liquor liability insurance r	l of the fire departmer	nt for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	nloin)			
(II disapproved ex]	naiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800094		CITY OR TOWN	WAREHAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Rare Hospitality Into	ernational Inc		
DOING BUSINESS	A Long Horn Steakh	ouse		
ADDRESS 2421 cra	nberry Highway suite	480		
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571
	RCELON, TYPE RICIA MARIE	E OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR F	EMAIL ADDRESS	
	LICENSED PREMIS			
	loor area with a full ser ce for public, side eme			
I hereby certify and	swear under penalties	of perjury that:		
	ved license will be of the		=	
	see has complied with		_	taxes; and
5. the premi	ises are now open for b	business (II not exp.	iain below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl				
(ii disapproved expi	aiii <i>)</i>			
DATE:				
			<u></u>	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	32800095		CITYORI	OWN	WAKEHA	IVI
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: R			1			
DOING BUSINESS A			and			
ADDRESS 2421 Cranb						
CITY/TOWN: WARE	HAM	STATE: MA	ZIP CO	DE:	02571	
MANAGER: HALLE	T, HEIDI A. TYPE C	OF LICENSE: Rest	taurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS			_
DESCRIPTION OF LIG						
one story bldg, front ent			n, dining ro	om and	lounge area	
I hereby certify and swe		• •				
	license will be of the s	• •	•			
	has complied with all l			lating to	o taxes; and	
3. the premises	are now open for busi	ness (If not explai	in below)			
SIGNED BY:	ndividual, Partner or A	Authorized Corpo	rate Officer			
-	narvidual, raraner or r	idilionized corpor				
DATE:	TELEPHONE N	IIMDED.	EM	IPLOYEF	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFTIONE N	OMBEK.				Security Number)
We the undersigned, a Acts of 2004, signed b	_	, ,		-		
license and (2) the cer						
Please Check Below:			LOCAL I	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:			·			
(If disapproved explain))					
DATE:						
DAIL.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 132800098		CITY OR TOWN W	AREHAM
APPLICATION I	FOR RENEWAL:	Annual	LICENSEL	FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: AL & EL CORP	ORATION		
DOING BUSINE	SS A ELLA'S WOOI	DBURNING OVEN RE	ESTAURANT	
ADDRESS 3136	CRANBERRY HIGH	WAY		
CITY/TOWN: V	VAREHAM	STATE: MA	ZIP CODE: 0	2571
	WIERKOWSKI, T REE D.	YPE OF LICENSE: Res	taurant CATE	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	OF LICENSED PREM			
THREE BATHR	OOMS, KITCHEN, A	ND THREE ENTRAN	OF FIVE ROOMS, A DO CES/EXITS. LIQUOR & DINING ROOM ON	WILL BE
I hereby certify an	nd swear under penalti	es of perjury that:		
1. the rer	newed license will be o	of the same type for the	same premises now lice	ensed;
2. the lice	ensee has complied wi	th all laws of the Comr	nonwealth relating to tax	xes; and
3. the pre	emises are now open for	or business (If not expla	nin below)	
SIGNED BY:	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER:
Acts of 2004, sig	ned by the building i	inspector and the head	e certificate required b l of the fire departmen equired by Chapter 11	t for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132800100		CITY OR TOWN	WAREHAN	1	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
	CAPTAIN'S AL RES	STAURANT, LLC				
DOING BUSINESS						
	RANBERRY HIGHWA					
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571		
	RRINGTON, TYPE RED A	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS			
	LICENSED PREMISE					
	IR AND KITCHEN AF STORED IN BAR AR				S.	
I hereby certify and s	swear under penalties o	f perjury that:				
	ved license will be of th		=			
	ee has complied with a		•	taxes; and		
3. the premi	ses are now open for be	usiness (ii not expi	ain below)			
SIGNED BY:	Individual, Partner o	r Authorized Corno	orate Officer			
	11.01 (1.00m., 1 m.m.)	r rumoriide d'orp	71410 G111001			
DATE:	TELEPHONE	NI IMPED:	EMPLOYER	IDENTIFICAT	ION NUMBER:	
I ELEFHONE I		NOWIDEK.		Note:		
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the head	d of the fire departr	nent for the	above named	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	 ain)					
(II disappioved expli	uiii <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 132800101		CITY OR TOWN	WAREHAM	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	E: THE BLUE DOO	G,LLC			
DOING BUSINES	S A PIPER BEAU'S				
ADDRESS 207 MA	AIN STREET				
CITY/TOWN: W	AREHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: JEF	PPI,NICK T	YPE OF LICENSE:Re	estaurant C	ATEGORY: All Alcohol	
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	IISES:			
DINING AREA, K	ITCHEN, STORER	IALF STORY WOOI OOM, TWO WALK-I FRONT ENTRANCES	IN COOLERS AND	CONSISTING OF A	
I hereby certify and	l swear under penalti	es of perjury that:			
1. the rene	wed license will be o	of the same type for the	e same premises now	licensed;	
	_	th all laws of the Com	_	to taxes; and	
3. the pren	nises are now open for	or business (If not exp	lain below)		
SIGNED BY:	Individual, Partn	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:	
			(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, sign	ed by the building i	nspector and the hea	nd of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:]		By:		
DISAPPROVED:	1				
(If disapproved exp	olain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 132	800102	(CITY OR TOWN	WAREHAN	M
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: WA DOING BUSINESS A ZI ADDRESS 2421 CRANB	EN PALACE	CLASS E INC.			YEAR
CITY/TOWN: WAREH	AM ST	CATE: MA	ZIP CODE:	02571	
MANAGER: SHI, YING	G TYPE OF	LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEAS	E ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICE BUILDING OD APPROX BAR AND ONE LOUNG OUTDOOR PATIO ARE.	K. 5930 SQ FT WITH E BAR, ONE ENTRA	NCE AND TH	REE EXITSINC	LUDING AN	N
2. the licensee ha	under penalties of per cense will be of the san s complied with all law re now open for busine	ne type for the s	onwealth relating to		
SIGNED BY:	ividual, Partner or Au	thorized Corpor	ate Officer		
DATE:	TELEPHONE NUM	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
We the undersigned, att Acts of 2004, signed by t license and (2) the certif	the building inspector	r and the head	of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	.: 132800104		CITY OR T	OWN WAREHA	AM	
APPLICATION FOR	R RENEWAL:	Annual	Ι	LICENSED FOR 2	2013	
		CLASS			YEAR	
LICENSEE NAME:	ROSEBROOK PI	LACE HOSPITALIT	ΓY LLC			
DOING BUSINESS	A ROSEBROOK I	PLACE HOSPITAL	ITY INN & CO	NFERENCE		
ADDRESS 2472 CR	ANBERRY HIGHV	WAY				
CITY/TOWN: WA	REHAM	STATE: MA	ZIP COI	DE: 02571		
MANAGER: KAN	E, JAMES F. TY	PE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF	LICENSED PREM	ISES:				
FULL SERVICE HO					RENCE	
AND BANQUET FA						
CONFERENCE CEN BE AT THE DROP						
CODE	JFFOTHER EN	TRANCES AND EA	MITS WILL BE	IN ACCORDANC	LE TO	
I hereby certify and s	wear under nenaltie	es of periury that				
• •	•	f the same type for the	he same premise	es now licensed:		
		th all laws of the Co				
	•	or business (If not ex		ating to taxes, and		
3. the premis	ies are now open to	1 business (II not ex	piani ociow)			
SIGNED BY:	Individual Partne	er or Authorized Cor	norate Officer			
	marviduai, i artiic	a of Authorized Col	porate Officer			
DATE:	TEI EPHO	NE NUMBER:	EMI	PLOYER IDENTIFICA	ATION NUMBER:	
	TEEEI IIO			(Note: NOT Individual Social Security Number)		
We the undersigned		_				
Acts of 2004, signed license and (2) the o						
	•	•	-	_		
Please Check Below: APPROVED:				ICENSING AUTH	IORITY	
DISAPPROVED:			By:			
(If disapproved expla	 ;in)					
(11 disappioved expla	111)					
DATE:						
DAIL.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 132800105		CITY OF	RTOWN	WAREHAI	M
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: ROSEBROOK PL	ACE HOSPITALI	TY LLC			
DOING BUSINESS	S A ROSEBROOK P	LACE HOSPITAI	LITY			
ADDRESS 2476 CI	RANBERRY HIGHV	VAY				
CITY/TOWN: WA	AREHAM	STATE: M	A ZIP C	CODE:	02571	
MANAGER: KAI	NE, JAMES F. TY	PE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS	8		
DEPICTED ON TH STORED BEHIND AREA/ROOMA LIMITED ACCESS I hereby certify and 1. the renev 2. the licent	RANT WITH SECU IE PLAN AND TO E A LIMITED ACCES MAIN ENTRANCE DELIEVERY ENTI swear under penaltie wed license will be of see has complied with ises are now open for	SE CONSTRUCTE SS SERVING ARI AND EXIT AND RANCE s of perjury that: the same type for all laws of the Co	ED TO CODE EA AND IN A TWO EMERO the same prenommonwealth	ALCO LOCKE GENCY I	HOL WILL I D STORAGI EXITS WITH licensed;	BE E
SIGNED BY:	Individual, Partne	r or Authorized Co	orporate Office	er		
DATE:	TELEPHON	NE NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the h	ead of the fir	e departi	ment for the	above named
Please Check Below:			LOCAL	LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	Lain)					
,	,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 132800106		CITY OR TOWN	WAREHAI	M
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICE	NSED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 241 MAI	A CFE SOLEIL				
CITY/TOWN: WA	REHAM	STATE: MA	ZIP CODE:	02571	
MANAGER: HUN	T, LEANNE M.TYP	E OF LICENSE:	destaurant C	CATEGORY:	All Alcohol
DESCRIPTION OF TWO STORIES CO.		SES: NG ROOM, KITC	HEN AND 2 BATH		
REAR ENT/EXIT I hereby certify and s					
 the renew the license 	ed license will be of the ee has complied with ses are now open for	the same type for the all laws of the Cor	nmonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the he	ad of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					